

Appointment Confirmation

Date: [Date]

Dear [Patient's Name],

We are writing to confirm your surgical appointment as follows:

Procedure: [Description of Surgery]

Date: [Surgery Date]

Time: [Surgery Time]

Location: [Surgical Facility Name]

Please arrive at least [X minutes/hours] before your scheduled time for pre-operative preparations.

If you have any questions or need to reschedule, please contact our office at [Phone Number].

Thank you for choosing [Surgical Center Name]. We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Surgical Center Name]